

Le Harlan Baldurston

Town

County

Died at

*Colona**Lein*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189*8**8**7*

Age

*—**8**—**Ind*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of
WifeFather's
Name*Geo Baldurston*Mother's
Name*Mary A Baldurston*

Cause of

Primary

Cholera Infantum & V

How long sick

3 days

Death

Immediate


& Bronchitis

Accident, Suicide, Homicide

Reported by

E. S. Rowland

Address

Liberty  *Monroeville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edna M Boucher

Town

County

MARYLAND

Died at Principio

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898 Aug 30

Age 67 26

Phila

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

one

Husband

Wife

Father's

Name

Robt Boucher

Mother's

Name

Maggie Craig

Cause of

Primary

Cholera Morbus

How long sick

12 hrs

Death

Immediate

Collapse

Accident, Suicide, Homicide

Reported by

J. F. Brown

129

Address

Wood Lawn

Cecil Co Md



Name in Full

Certificate of Death

Died at

Alexander Brooks
Town Cecil
County Cecil

MARYLAND

Date 189

8

Month

Aug

Day

Y.

M.

D.

Age

about 45

Native of

Cecil Co

Occupation

Silversmith

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mrs Brooks

Don't know

Mother's

Name

Don't know

Cause of

Primary

Lupus erythematosus of the face

How long sick

about one day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

B. H. H. H. H. H.

Address

North Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full

Certificate of Death

Mommie George

Town

County

Died at

Cecil Mich

Cecil

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 13

Age

Cecil Mich

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

1 year

~~Accident, Suicide, Homicide~~

Reported by

Address

B. H. Hume

Northton

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

2. Certificate of Death

Hawke,

Town

County

Died at

Columb

Cecil

MARYLAND

Date 189

8

Month

Day

Aug 26

Y.

M.

D.

Native of

4

Md

Occupation

4 Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5 Husband

of

Wife

Father's

Name

~~Wm Hawker~~

Wm Hawker

Mother's

Name

Edith Brown

Cause of

Primary

Death

Immediate

Congestion of lung

How long sick

1 day

Accident, Suicide, Homicide

Reported by

Lester in hospital but

Address

Columb

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Charles Hewitt Jun bro. Wm

Died at Elkton Town Cecil County MARYLAND

Date 189 8 Month 8 Day 13 Y. 2 M. 2 D. Cecil Co Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name George Hewitt Mother's Name

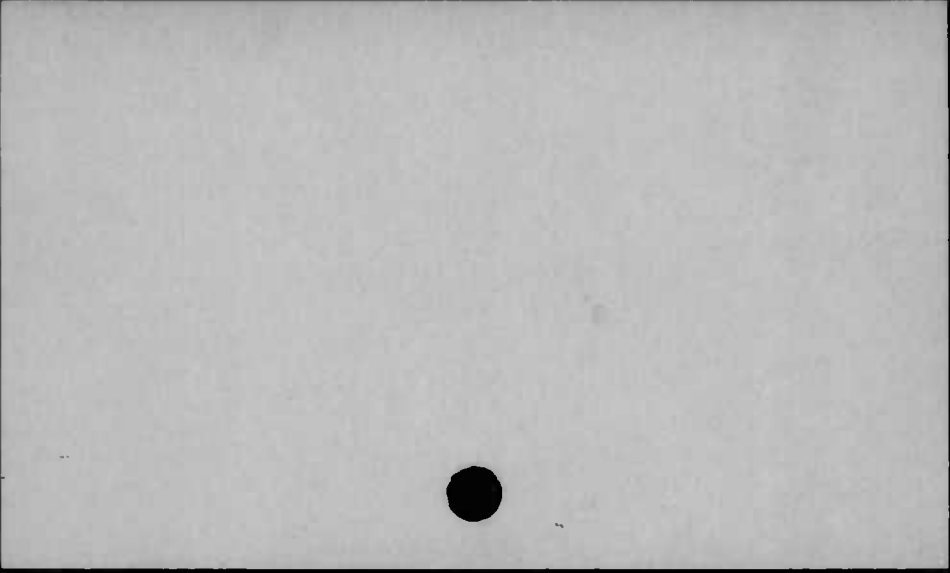
Cause of Death { Primary Inanition Immediate 139 How long sick one week

Accident, Suicide, Homicide

Reported by George Hewitt - Father

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm Hewitt *Turn bro. Charles.*

Died at *Elkton* Town *Cal* County *MARYLAND*

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
<i>8</i>	<i>8</i>	<i>13</i>			<i>2</i>		<i>Cal Co</i>	
Male	White	Married		Widow			Divorced	
Female	Colored	Single		Widower			Number of children living	

Husband
of
Wife

Father's Name *George Hewitt* Mother's Name

Cause of Death	Primary	<i>Inanition</i>	<i>139</i>	How long sick	<i>one week</i>
	Immediate			Accident, Suicide, Homicide	

Reported by *George Hewitt - Father.*

Address *Elkton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65009



William Kostyle

Town

County

Died at

Conowingo

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Aug. 1st

Age

21

U.S.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~

Father's

Name

Mrs. Kostyle

Mother's

Name

Kate Bower

Cause of

Primary

Inanition

Death

Immediate

Cholera infantum

How long sick

24 hours

~~Accident, Suicide, Homicide~~

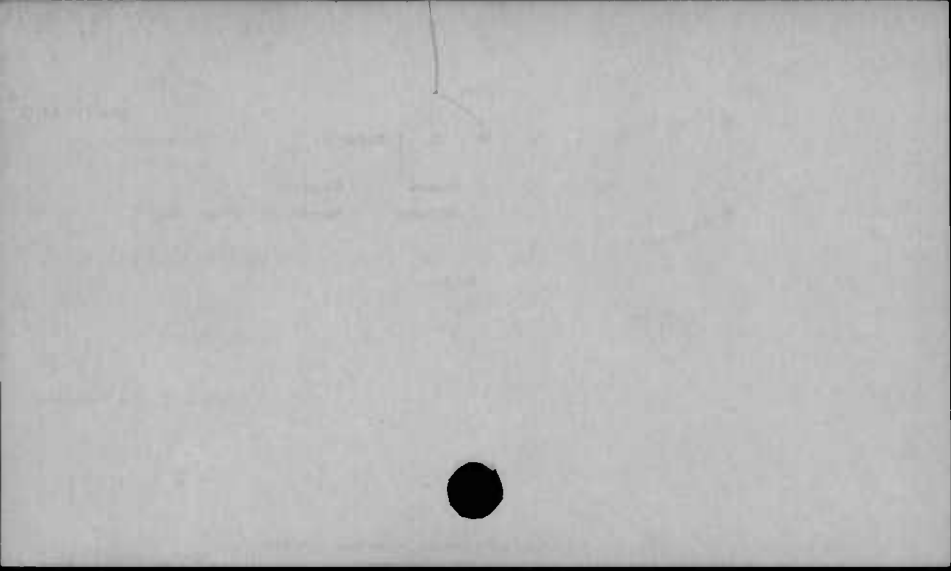
Reported by

L M Ragan M.D.

Address

Conowingo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Lee

Town

County

MARYLAND

Died at

Elkton

Becil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Aug. 3

Age

17 1/2

W 9

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mrs. J. Lee

Mother's

Name

Laura Lee

Cause of

Primary

Enteric Colitis

How long sick

June 3 to Aug 3rd

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

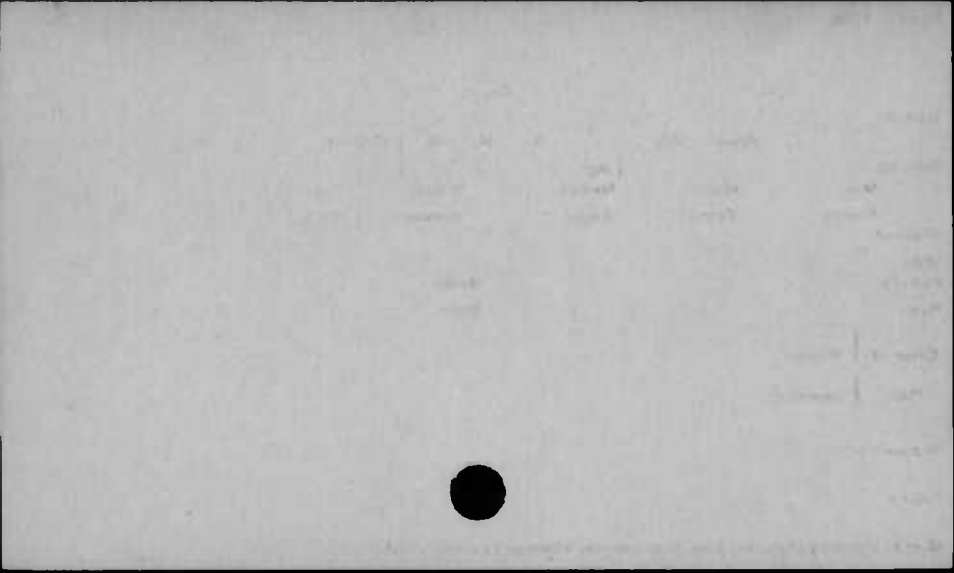
Reported by

J. W. C. J. W. C. J. W. C.

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mackey

Died at ^{Town} 3rd Dist ^{County} Cecil MARYLAND

Date 1898 ^{Month} 8 ^{Day} 5 ^{Age} 1 6 ^{Native of} Cecil Co ^{Occupation}

Male White Married Widower ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name Jos. Mackey Mother's Name Alice Mackey

Cause of Death { Primary Cholera Infantum How long sick 3 days -

Death { Immediate Accident, Suicide, Homicide

Reported by Dr. J. W. Cooper - The child died before the Dr. arrived

Address He judged it to cholera infantum and so reported on a slip of paper.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Reed Mahoney

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Aug 1885 Age 82 5' 2 1/2 Maryland former

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

11

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Infirmities of age

How long sick

2 or 3 years

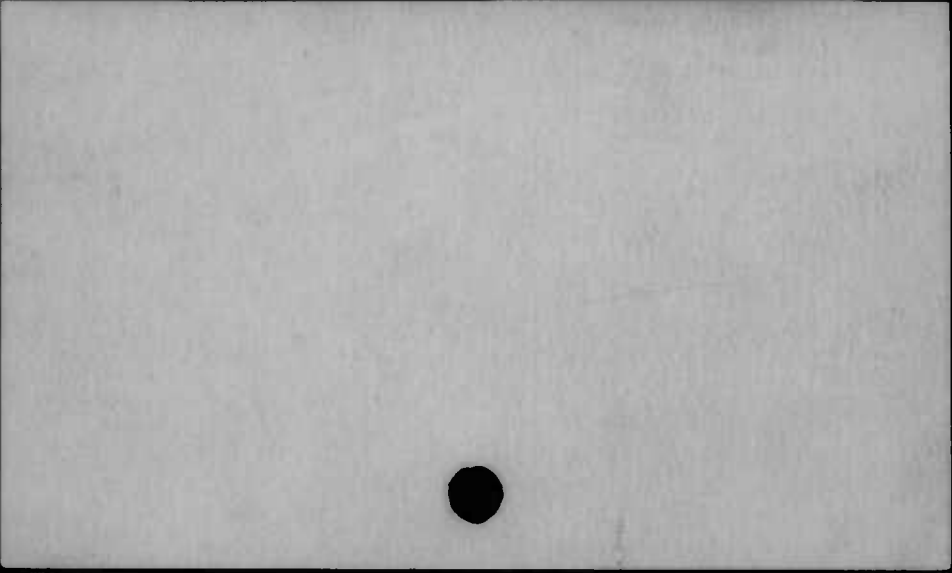
Death

~~Immediate~~~~gradual~~~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

Ellen D. Martindale

Town

County

Died at

Calvert

Cen'e

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Aug 25

Age

86

Perman Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Old age

14 1/2

How long sick

two years

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Leah Richardson M

Address

Calvert Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Ann Heisle

Town

Eckton

County

Cecil

MARYLAND

Died at

Date 189

8

Month

Aug

Day

4

Y.

M.

D.

Age

60.4.17

Native of

Md

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Wife

of

Adam Heisle (Died)

Father's

Mother's

Name

William J. McCay

Name

Lydia Peterson

Cause of

Primary

Valv. heart disease

How long sick

Death

Immediate

Anemia & dyspnea

Accident, Suicide, Homicide

Reported by

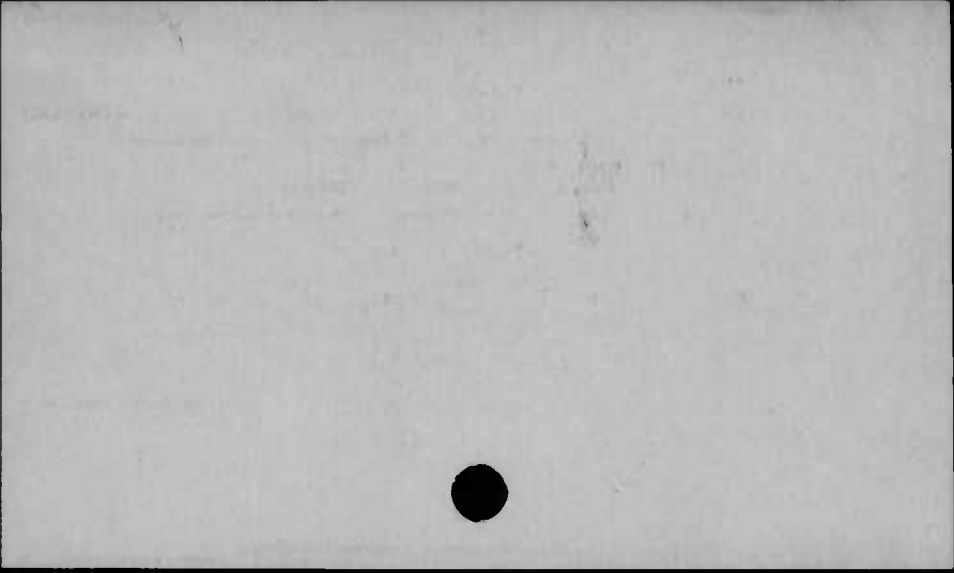
Charles M. Miller

Address

Eckton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88988



Name in Full

Certificate of Death

Died at

Date 189

~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Amanda M. Merry

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

8-29

Age 68

~~Male~~

White

~~Married~~Widow~~Divorced~~

Female

~~Colored~~~~Single~~Widower

Number of children living

5

MARYLAND

of

George M. Merry
Captain Lost

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Balto. American Sept. 3

WATKINS



Mrs Margaret E. C. Montgomery

Died at ^{Town} Liberty Grove, ^{County} Cecil MARYLAND

Date 1898. ^{Month} Aug ^{Day} 4 ^{Y.} Age 64. ^{M.} 10 ^{D.} 4 ^{Native of} Md ^{Occupation} House work
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ^{Single} ^{Widower} Number of children living 5 ^{ix} (6)

Husband of Nathaniel B. Montgomery
 Wife
 Father's Name Benjamin Brownshin
 Mother's Name Rachel Brownshin

Cause of Death { Primary Immediate General paralysis 44
 How long sick 6 days
 Accident, Suicide, Homicide

Reported by E. S. Rawland
 Address Liberty Grove, Md.



Name in Full

Certificate of Death

Caroline Naudain

Town
Perryville

County

Cecil

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

A

8-15

Age

~~44~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Port Deposit Press. Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

William Robert Nashitt

Town

County

Died at

Coloma

Cecil

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

16

Age

9

14

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's
Name

Oliver D. Nashitt

Mother's
Name

Florence L. Gillespie

Cause of

Primary

Cholera Infantum

How long sick

13 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

John & James M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name in Full:

Certificate of Death

Eva Mary Null

Town

County

Died at

Providencia

Cecil

MARYLAND

Date 1898

Month

Day

Age

Y.

M.

D.

Native of

Occupation

8

12

0

3

Virginia

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Null

Mother's

Name

Dora Null

Cause of

Primary

Tubercular
Cerebro-Spinal Meningitis

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

David Mackey

Address

Levinville Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68882



Name in Full

Ora Bell Potts

Died at *Mechanics Valley* ^{Town} *Leese* ^{County} **MARYLAND**

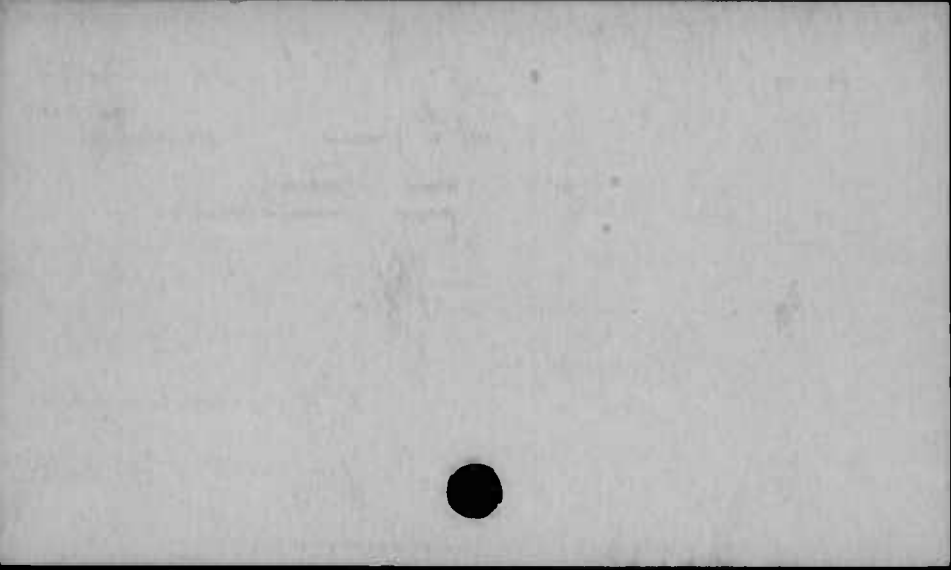
Date 189*8* ^{Month} *Aug* ^{Day} *17* ^{Y.} *1* ^{M.} *5* ^{D.} *11* ^{Native of} *Maryland* ^{Occupation} _____
Female ^{White} *Colored* ^{Married} *Single* ^{Widow} *Widower* ^{Divorced *Number of children living* _____}

Husband of *Margaret A Potts*
Wife
Father's Name *Jacob Wells Potts* ^{Mother's Name} _____

Cause of Death { ^{Primary} *dysentery* ^{Immediate} _____
84 ^{How long sick} *4 days*
^{Accident, Suicide, Homicide} _____

Reported by *Wm. H. Ford*
Address *314 Leese road*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edwin Price
 Died at *Cecilton* Town *Cecil* County *MARYLAND*

Date 189 *8* Month *8* Day *22* Age *4-10-15* Y. M. D. Native of *Md* Occupation
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living *5*

Husband of
 Wife
 Father's Name *Stacy Price* Mother's Name *Annie Price*

Cause of Death { Primary *Abdominal injury* Immediate *Stomach 152/a* How long sick *1 month*
 Accident, Suicide, Homicide

Reported by *J. F. Goodcastle*
 Address *Cecilton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Chas. Wesley Reynolds*
 Town *Hammar's Mill* County *Cecil*
 Died at *MARYLAND*
 Date 189 *8* Month *8* Day *24* Age *1-0-9* Y. M. D. Native of *Ind* Occupation *Milking*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *None*

Husband of *John Henry Reynolds*
 Wife of *John Henry Reynolds*
 Father's Name *Chas. Wesley Reynolds* Mother's Name *Mary Reynolds*

Cause of Death { Primary *Indigestion* 81 How long sick *10 mo.*
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *J. H. Fordcaste*
 Address *Cecil Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6600



Name in Full

3 Certificate of Death

Rock

Town *Sylmar* County *Cecil* MARYLAND

Died at *Sylmar* Month *Aug* Day *29* Y. *5* M. *5* D. *1* Native of *Me* Occupation _____

Date 189 *8* *Male* *White* Age *5* *Married* *Widow* *Divorced* _____

Female *Colored* *Single* *Widower* Number of children living _____

Husband of *E. E. Rock*

Wife *E. E. Rock*

Father's Name *E. E. Rock* Mother's Name _____

Cause of Death { Primary Immediate *Complication of lung* *bronchitis* *in* *Colon* *in* *Me* } How long sick *74* *1 day*

Reported by _____ Accident, Suicide, Homicide _____

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

James Scott

Fair Hill

Town

County

Cal

MARYLAND

Died at

Date 189	Month	Day	P.	M.	D.	Native of	Occupation
8	Aug	3		2	2	Ma	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband
of
WifeFather's
Name

James Scott

Mother's
Name

Addie Owens

Cause of	Primary	Death	Immediate
	Marasmus		82

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. A. S. Whitaker

Cherry Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James A. Simpson

Died at

Eaton

Town

County

Cecil

MARYLAND

Date 189

8

Month

April

Day

31

Age

45

Y.

M.

18

Native of

Md

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband

of

Wife

Father's

Name

Martha Langloves

Mother's

Elizabeth

Lesse R. Simpson

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 1/2 years

Death

Immediate

Anginal Heart, occurred in

Accident, Suicide, Homicide

Reported by

J. C. McEllis

Address

Eaton Md.

Aug 13 1852

Died at

Town *Perryville* County *Beecil*

MARYLAND

Date 189

Month *Aug* Day *31*

Age *78*

Y. M. D.

Native of

Occupation

Perryville Rail Road

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Squilla Shatton

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer of Stomach

How long sick

6 months

Death

Immediate

256

Accident, Suicide, Homicide

Reported by

North East

Address

Perryville

Beecil Leo, Md
John J. Foster

Must be signed by physician, if any in attendance, otherwise ~~by~~ undertaker or ~~other~~

P.C.I 15

X Dr. Geo. Stump, Perryville, add nov. 14 Dec. 6

Name in Full

Certificate of Death

Hannet Ruth W. Cadell Wherry

Died at

Town *Pleasant Hill*

County

Cecil Co.

MARYLAND

Date 189

8

Month

Day

Aug 29th

Y.

M.

D.

1902 1

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

~~Wife~~

Father's

Name

Powell Wherry

Mother's

Name

Annie

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Cecil Co. News. Sept. 21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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CHARTER

1890

1891

1892

1893

1894

1895

1896

1897

1898

1899

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

Name in Full

Certificate of Death

John Williams

Town

County

MARYLAND

Died at Theodore

Cecil

Month Day

Y. M. D. Native of

Occupation

Date 1898 Aug 19

Age

2 Cecil Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife of

Father's

Name

John A Williams

Mother's

Name

Joanna D. How

Cause of

Primary

Deformed & dropped at birth

How long sick

12 hrs

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

J. T. Brown M.D.

Address

Hood Saur

Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Aguilla Wilson

Died at

(3rd dist) Red Hill near Elbert

MARYLAND

Date 1896

aug 11th

Age

- 5th month

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Winter L Wilson

Mother's

Name

Mary Wilson

Cause of

Primary

Death

Immediate

Cholera Infantum

How long sick

4th Few days

Accident, Suicide, Homicide

- undertaken -

Reported by

H. Vinson Winter
Elbert Hill

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Female

White

Colored

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66668



Name in Full

Certificate of Death

Alex Woods

Town

County

Eden near

Cecil

MARYLAND

Died at

Date 189

8

Month

Aug

Day

16

Age

Y.

M.

D.

1 18

Native of

Cecil Co.

Occupation

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Ernest Woods

Mother's

Name

Florence Woods

Cause of

Primary

Cholera infantum

How long sick

1 week

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

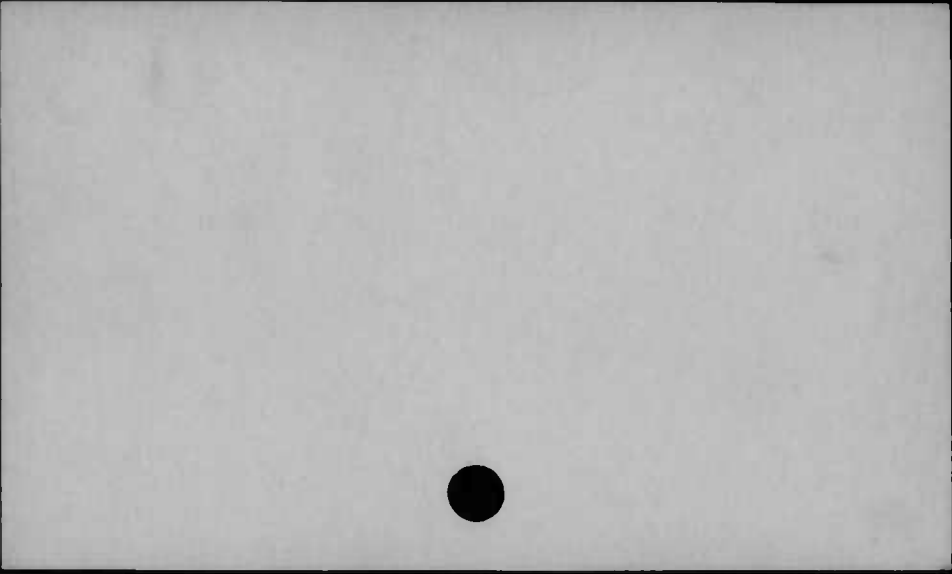
B. H. Houlton

Address

N. E. E. E.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Uda Pearl Woodrow

Town

County

Died at

Liberty Grove.

Cecil

MARYLAND

Date 189

8

Month

8

Day

17

Y.

—

M.

8

D.

17

Native of

Occupation

Male

White

MarriedWidowDivorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John A. Woodrow

Mother's

Name

Tillie S. Woodrow

Cause of

Primary

Cholera Infantum 82

How long sick

6, 10 1/2

Death

Immediate

Cerebral Effusion causing
Convulsion & Coma.

Accident, Suicide, Homicide

Reported by

E. S. Rowland.

Address

Liberty Grove Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908

